

REPORTS INVENTORY

CONTROL NO.

SRB 209B

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

209B COMO POS/PER OFF TAB

2. TYPE
OF
REPORT
☒ STATISTICAL
☐ NARRATIVE
☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL
OTHER (specify)

4. NO. OF COPIES PREPARED

3

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not number of copies)

1

7. FORMAT (memorandum, form, computer print-out, etc.)

CP-O

8. ADP PROCESSING

☒ YES
☐ NO

IF YES GIVE ADP PROCESSING NO.

P-92B

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level contributing information to report)

OCS/OPERATIONS

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-06-3	4.21		.43		1.81		12		21.72

B. COSTS OF COMPUTER PRODUCED REPORTS

					.63		12		7.56
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TOTAL COSTS PER YEAR

\$29.28

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

15. PROPOSED BY COMPONENT FOR THIS REPORT

☐ RETAIN AS IS

☐ OTHER (explain)

☐ CHANGE

☐ DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

16. DATE OF INVENTORY

8 OCT 1970

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

STAT

142

(22-36-43)